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AUTHOR Ramsey, Wallace
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ABSTRACT

A whole language approach is emphasized in the reading clinic at the University of Missouri (St. Louis) because disabled readers need to practice their skills simultaneously in speaking, listening, and reading. At the clinic, teachers are encouraged to learn and use several approaches to teaching reading. However, the language experience approach is emphasized because it is the least known by graduate students. Teachers encourage children to share real experiences, as well as vicarious ones, and then stimulate thorough oral discussion of any shared experience before attempting to recreate a real story. The child's story is recorded in standard English, without attaching labels of correctness or incorrectness. Follow-up activities are designed to improve more specific skills. A balanced approach to word recognition is taken, with the use of context, sight words, phonics, and morpheme analysis emphasized in proportion to their usefulness in reading and to the child's particular learning style. Teachers report a positive jump in the level of interest in reading and a marked increase in willingness to participate, with measurable and significant growth recorded for most children. (EL)

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Infusing Clinical Reading Instruction With Whole Language

presented by

Dr. Wallace Ramsey

School of Education

University of Missouri-St. Louis

St. Louis, MO 63121

at the

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Infusing Clinical Reading Instruction

With Whole Language

Reading instruction in a clinical setting, as in a remedial reading clinic, needs to involve whole language use. Disabled readers are most often disabled users of language, with the need to practice and sharpen their skills simultaneously in spoken language, listening, usage, and reading. This basic tenet guides practice in the Reading Clinic at the University of Missouri-St. Louis.

Because the basic purpose of the Clinic is teacher preparation, teachers are encouraged to learn and use several approaches to teaching reading -- including the use of basal materials, adapted materials, teacher-made materials, and language experience activities. However, the use of whole language is emphasized in all of these.

The philosophy that a whole language approach in teaching reading has substantiated merit is one that has acceptance among reading clinic personnel. Practices that are actually used lean heavily on models presented by Moffett (1968) and Aules (1983). Elements of whole language are infused into more traditional practices rather than forming the complete basis for instruction.

The manner in which the use of whole language permeates every lesson is illustrated in the examples below.

1. Teachers are strongly encouraged to present significant whole language passages to the children by reading to them.

2. The employment of much oral language is encouraged as a part of every approach used, whether it be directed reading activity from published material, teacher-adapted published material, teacher-written material, child-composed material -- or combinations thereof.
3. Every lesson must include a substantial amount of contextual reading ("real reading") in material on the student's approximate instructional or independent level. Both silent and oral reading must be used.
4. Any skill taught must be successfully applied in contextual reading situations as the final step in the skill teaching process and thereafter.

The language experience approach to teaching reading is the method least familiar to the graduate students working in the Clinic, and one that seems to be the most needed by pupils coming for help. Therefore, great emphasis is placed on learning and using it. The remainder of this paper will address the efforts made and present evidence of its success.

Teachers are all encouraged to become proficient in using the language experience approach to teaching reading -- whether they are working with virtual non-readers or readers proficient at the fourth or fifth grade level -- or anywhere in between. It is the predominant approach used by teachers of children with minimal reading ability at the UMSL Clinic.

For the most part, the L.E.A.procedures employed are those prescribed by Hall (1981) and Stauffer (1970). However, certain adaptations of the approach, and minor variations in it, are used

to make it appropriate and useful in the clinical situation. For example, the experiences provided as stimulii to elicit the composition of a story are as often vicarious as they are real (a distinction clarified by Dale, 1969). Because of the limited time available (teachers work with the children for 23-24 seventy-five minute periods during the semester) the real experiences used often consist of things like walks taken around the University plant (where a library, cafeteria, computer room, and Child Care Center may be visited), the making of simple food recipes (popping popcorn, bobbing for apples), carving a pumpkin near Halloween time, and making Christmas cookies.

More often than these real experiences, however, the teachers use such vicarious experiences as hearing a story about the first Fourth of July celebration, a discussion of the meaning of Thanksgiving, listening to accounts of how the winter solstice time is celebrated by different religions and in different countries, hearing stories of various other seasonal holidays and festivals, and listening to their teacher read children's literature books like The Little House and Alexander and the Terrible, Horrible, No Good, Very Bad Day. In addition to these, viewing pictures that tell a story (like Norman Rockwell's "The Outing") is occasionally the stimulus to get a story created.

A point is made of getting a thorough oral discussion of any experience given to generate a story -- before any attempt to create a real story occurs. It is recognized that our remedial readers often have been starved of the opportunity and encouragement to express their oral language abilities -- and to

use them to create a story. As the children talk the teacher jots down random words and phrases and these are used as guides in composing the story.

The standard procedure in recording the story in the child's exact words, using standard spelling, is followed. Because language-limited children often think about what they say after they say it (rather than before) the teacher always asks (after the story is read back to the child by the teacher), "Do you want to change anything about your story or add anything to it?" At this point non-standard English utterances are occasionally rephrased in standard patterns. No attempt is made, however, to call attention to non-standard language and "correct" it.

Typical procedures are used in following up the first recording, such as making a second large copy of the story, cutting it into sentences, having sentences matched and read, illustrating (and taking home) small copies of the story, and reading (and rereading) of the story by the children to each other.

Other follow-up activities, designed to improve more specific skills, are subsequently taught. During this stage the teacher may read aloud non-standard passages and ask "Is there a way we could say this so that it sounds more like it would in a book?" In this way children may detect their own non-standard usage or that of their friends. Labels of "correctness" or "incorrectness" are avoided in discussing what has been composed. Revision into standard English is not forced.

Word banks are kept by each child. The large majority of the words included follow standard recommendations -- they are words the children can read. A small number of "need to know" words is added to each lesson. Such words may come from testing with the Dolch lists or from basal reader stories. All such words chosen for addition are of a highly functional type.

Word banks are used in many ways, and especially in the teaching of phonics and structural analysis skills. The prevailing philosophy of the UMSL Clinic is that such skills need to be taught in direct fashion and preferably by an analytic approach -- though the need to use synthetic approaches with some children is recognized. A balanced approach to word recognition is taken, however -- with the use of context, sight words, phonics, and morpheme analysis receiving emphasis proportional to their usefulness in reading and to the child's particular learning style.

The teachers' daily evaluations of children's reactions to the use of the whole language approach are particularly revealing. They report a positive jump in the level of interest in reading when work with experience stories begins -- and a marked increase in willingness to participate. Notes from the evaluations are illustrative of the value of the use of whole language in the clinical setting.

Evaluative statements from a teacher of two disabled eight year old readers who were reading on the first grade level demonstrate how children grow with a whole language method. "This went very well. The children were eager for their turn" (to read from the chart).

"Neither child had any problem" (in matching a sentence strip with its counterpart on the chart).

"There were no problems with any words."

"They did an excellent job of reading the song."

"Clarence grinned when listening to himself" (to a recording of his oral reading of an experience story), "they were expressive!"

"The discussion went fantastic!" (discussion of a picture of two boys swimming).

"They grinned and expressed pride when they did this" (reading the individual LEA stories to each other).

"Clarence became the authority on his story. He told us about the tools and materials needed to make a bike. He used explicit names such as vise grip, wire strippers, etc."

"Sherri was much happier and more confident today."

"Sherri and Clarence are getting much more verbal."

"None had any problems with telling me a story, reading with me, or rereading it."

"Sherri was so excited she wanted to stand up when she read."

Hundreds of statements like the above could be cited from teacher evaluations of LEA sessions with children of various ages and reading levels.

Measurable and significant growth (at least from a judgmental viewpoint) is recorded for most children who come to the Reading Clinic. For some, the amount of growth appears to far exceed the bounds of expectation. Unfortunately, whatever valid scientific evidence that can be gathered about the overall growth in achievement is inconclusive. Furthermore, when such growth is

noted one cannot be sure to what emphases and activities it can be attributed -- since a variety is used in the Clinic.

It is not possible to say for a given child, or even for a given group of children, that achievement growth can be directly attributed to use of the whole language approach. A carefully designed and controlled study would be contrary to the spirit and the philosophy of the Clinic -- whose total emphasis is on teacher education and helping children.

In view of all of the above, only anecdotal and subjective support for the program can be gathered. The evidence occurs in the looks on children's faces when they succeed, the excitement they exhibit in Clinic activities, and their spontaneous utterances of joy -- all after long records of failure at reading and at life. The changes are registered in the strength of their desire (and ability) to read on their own from real books. Parents are frequently cognizant of the changes in their children and are quick to register their relief that signs of success are, at last, apparent. General praise of teachers, and the work of the Clinic, are frequently registered by parents. Perhaps no more signs of the success of a method are needed.

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